Urgent and Emergency Care – Arrangements for Managing Demand – Welsh Ambulance Services University NHS Trust

Contents

Summary report

About this report

1   This report sets out the findings from the Auditor General's 2024 review of the arrangements for managing demand for urgent and emergency care at the Welsh Ambulance Services University NHS Trust (the Trust). The work is the second phase of a programme of work focused on several elements of the urgent and emergency care system in Wales. The first phase, which examined discharge planning and the impact of patient flow on urgent and emergency care, has been reported separately in regional reports covering the health board and local authorities for each of the seven health and social care regions[1].

2   Our approach recognises that the urgent and emergency care system is complex, with many different organisations needing to work together to provide urgent and emergency care and to ensure the wider system works effectively and efficiently. The Welsh Government's Six Goals for Urgent and Emergency Care Programme (Six Goals Programme) launched in 2021, provides the context for our work. At the time of our review, the urgent and emergency care system in Wales continues to be under significant pressure.

3   Our work has examined how the Trust is managing demand for urgent and emergency care services. Specifically, we looked at how it is working to reduce conveyance to Emergency Departments and how it supports the treatment of patients in the right place, first time for their needs, where better alternatives to attendance at Emergency Departments exist. The work has been undertaken to help discharge the Auditor General's statutory duties under Section 61 of the Public Audit (Wales) Act 2004 to be satisfied that the Trust has proper arrangements in place to ensure the efficient, effective, and economic use of its resources.

4   We undertook our work between May 2024 and January 2025. The audit methods and criteria we used to deliver our work are summarised in **Appendices 1 and 2**.

[1] The seven health and social care regions align with the seven regional partnership boards.

Key facts and figures

Calls to 111 and 999

2,427	Average number of calls to the 111 service every day in February 2024[2] (101 calls an hour).
14%	Calls to 999 that were ended following a WAST telephone assessment (providing advice or signposting to alternative services) in February 2024[3], compared to 8.2% in February 2019.
178%	Increase in Category A (red) ambulance calls between February 2019 and February 2025.
15%	999 callers who cancelled their ambulance or were told that the Trust could not send an ambulance to them during February 2025, compared to 24% in November 2024.

Ambulance response

51%	Category A (red) ambulance calls responded to within eight minutes in February 2025, compared to 72% in February 2019. The national target is 65%[4].
02:03hrs	Average response time to amber calls in February 2025, an increase of one hour 37 minutes compared to the average in February 2019.
63%	Patients conveyed to hospital following a 999 call in February 2025, compared to 68% in February 2019.

[2] Due to the Trust implementing a new 111 system for call handling and clinical assessment there has been disruption to the reporting of this data since February 2024.

[3] This verified data is currently only available up to April 2024, however, February 2024 data used for comparative purposes.

[4] As described in paragraph 55, the level of demand and the number of patients the Trust is reaching within eight minutes is growing.

Handover delays

16%	Patients handed over from ambulance crews to an emergency department within 15 minutes of arrival in February 2025, compared to 53% in February 2019 and against a national target of 100%.
1,601	Number of patient handovers which took longer than four hours in February 2025.
18,812	Lost hours due to handover delays in February 2025, compared to 5,610 lost hours in February 2019. This is an increase of 235%.
463	Patients estimated to be coming to severe harm because of long handover delays in February 2025[5]. This equates to 3.5% of total handovers.

Funding

£0	Direct allocation of Six Goals Programme funding.

[5] Based on modelling developed by the Association of Ambulance Chief Executives, 2021

Key messages

Overall conclusion

5   Overall, we found that **changes to service delivery are leading to improvements in managing urgent and emergency care demand, supported by clear and regularly monitored plans. However, their impact is hindered by limitations in joined up data and access to alternative pathways in health boards as well as by continually high levels of handover delays at Emergency Departments.**

Key findings

Planning arrangements

6   The Trust has robust and clear plans for managing urgent and emergency care demand, with changes aimed to better manage demand by treating patients in the community rather than taking them to hospital, where possible.

7   Plans are informed by data and seek to address the risks associated with urgent and emergency care with actions that are aligned to the Six Goals Programme. The Trust does not have direct access to national six goals funding in the same way as health boards. As a result, the Trust is largely reliant on identifying sources of, and bidding for, national allocations to enact service changes it believes could improve patient safety and experience, which has caused plans to be deferred or delayed in recent years. However, the Trust has prioritised the uplift in allocation to progress plans to transform its clinical model in an attempt to mitigate avoidable harm within its control.

Accessing services

8   The Trust employs a range of methods to provide members of the public with information on its urgent and emergency care services. Although there is no communication plan, the Trust has recently updated its engagement plan to support its Clinical Model Transformation Programme. The Trust uses methods including social media posts and public engagement events to engage with and inform the public about using urgent and emergency care services. However, there are no mechanisms in place to assess and monitor the public's understanding of its services and when these should be accessed.

9   The Trust is aware of ongoing issues with the 111 Wales website, including the symptom checker. While small improvements are being progressed to address immediate functionality concerns, a draft business case has been developed to support more substantial improvements. The symptom checker tool is currently signposting users to out-of-date information which the Trust recognises as a priority issue. The Trust has agreed to use discretionary capital funding to begin

work on updating the symptom checkers, with further funding to support comprehensive improvements included in the drafted business case currently under discussion with commissioners.

10   Over recent years, the Trust has expanded the range of services it offers, including expanding its clinical desk, developing additional specialist practitioners and increasing its use of advanced paramedic practitioners. These are having a positive impact on managing urgent and emergency care demand. Rates of providing remote advice to patients have risen since pre-pandemic levels, with early data indicating that there are further improvements since the Trust changed its clinical model in November 2024. As a result, more patients are being treated over the phone and less are being conveyed to hospital.

11   However, the Trust's ability to redirect patients is also reliant on the availability of alternative services in health boards. While referrals to the GP out-of-hours services are increasing, referrals to alternative services remain low. The Trust holds a directory of services for each health board area, but these are not always accurate and up to date. Issues accessing alternative pathways by Trust staff, including Urgent Primary Care Centres and Same Day Emergency Centres also mean that conveyance to an Emergency Department often remains the default destination when remote or face-to-face clinical assessment have identified an ongoing healthcare need for the patient.

12   The benefits of the service changes made by the Trust also continue to be outweighed by the continuing problems with long handover delays across Wales. Only 16% of patients were handed over from ambulance crews to an Emergency Department within 15 minutes of arrival over the last 12 months, compared to a national target of 100%. Response times for both red and amber calls continue to be challenged, with risks that both delays in response times and handover delays are resulting in patients coming to harm. Lack of available ambulances is likely also leading to higher attendance rates at emergency departments across Wales, as patients make their own way to hospital. Some of these patients may not have needed to go to the emergency department, but opportunities for paramedics to treat patients remotely (See and Treat) earlier in their patient journey are being missed due to handover delays.

Scrutiny and monitoring arrangements

13   The Board and operational groups regularly monitor and scrutinise the progress of plans and their impact on mitigating avoidable patient harm and operational risks.

14   There is a range of data to monitor and scrutinise how the Trust's service changes are working. However, this data is not joined up with health board data, which limits the Trust's understanding of how its services impact on the entire patient journey, although the Trust is currently working to find solutions to this issue. The Trust is capturing staff and patient feedback, which it feeds into its future strategic plans, but response rates are low.

Recommendations

15   **Exhibit 1** details the recommendations arising from our work. The Trust's management response to our recommendations is summarised in **Appendix 3**.

Exhibit 1: recommendations

Recommendations
Accuracy of 111 Wales website R1   To ensure information used to signpost patients to urgent and emergency services is accurate, the Trust should work with partners to review and replace any out-of-date or misleading information on the 111 Wales website, for example, the NHS Direct Wales phone number **(Paragraph 27)**.
Directories of Service R2   To ensure the Trust has access to accurate and up-to-date information on health board services, it should work with health boards to identify leads for maintaining the directories **(Paragraph 45)**.

Detailed report

Planning arrangements

16   This section considers whether the Trust has robust plans in place to manage the demand on urgent and emergency care services. We were specifically looking for evidence of plans:

- being informed by relevant and up-to-date information;
- identifying and seeking to address key risks associated with urgent and emergency care services;
- aligning with requirements of the Six Goals Programme, and clearly setting out how alternative clinical pathways will work; and
- identifying the current and required levels of resource and staffing to achieve the intended ambitions.

17   We reviewed the Trust's Integrated Medium-Term Plan (IMTP) along with its longer-term strategic framework, its plans relating to its Clinical Model Transformation Programme[6] developed during 2024, and its winter plan for 2024-25.

18   We found that **plans for managing urgent and emergency demand are robust and clear and clearly align to the national Six Goals Programme.**

19   The findings from our review of the plans are summarised in **Exhibit 2**.

Exhibit 2: approach to planning urgent and emergency care services

Audit question	Yes/ No/ Partially	Findings
Plans are informed by relevant and up-to-date information?	**Yes**	The Trust's plans contain relevant and up-to-date information, including operational performance, demographic predictions and demand and capacity data. They also include modelled scenarios for the Trust's performance, based on actual and potentially improved levels of handover

[6] The Clinical Model Transformation Programme is a programme of work the Trust is leading, with the support of commissioners and partners. The programme seeks to increase clinical input within the patient call cycle and to provide a greater range of response options for patients who need a face-to-face assessment. These changes should enable more patients to access treatment appropriate to their needs without the need for a hospital conveyance.

Audit question	Yes/ No/ Partially	Findings
		delays experienced within the broader health system.
Plans identify and seek to address key risks associated with urgent and emergency care services?	Yes	The Trust's plans clearly identify key risks and mitigating actions. Risks align with those identified through the Trust's corporate risk register. These risks focus on the impact of operational pressures on the Trust's ability to provide a safe service for patients. These risks have been at the highest score of 25 since December 2019 due to ongoing and increasing pressures. The Trust is currently engaged in a programme of work which includes a review of these risks to delineate between what can be managed and mitigated by the Trust and what external factors the Trust can monitor and seek to influence. Risks in relation to specific service changes and projects are also identified and regularly overseen by operational groups, with concerns escalated to the Trust's Strategic Transformation Board.
Plans align with requirements of the Six Goals for Urgent and Emergency Care Programme, and clearly setting out how the alternative clinical pathways will work?	Yes	The IMTP is explicit about its alignment to the Six Goals Programme and demonstrates how the Trust can make a meaningful contribution across each individual goal. Appendix 1 of the IMTP clearly articulates each goal, the relevant quality statement, the actions the Trust intends to take to achieve each goal and what it anticipates being the measurable benefits of its actions. Relevant sections throughout the body of the IMTP detail how alternative pathways or service improvements will work. The IMTP, along with the documents on the clinical model transformation programme outline changes aimed to better manage demand by treating patients in the community rather than taking them to hospital, where possible. These include introducing rapid

Audit question	Yes/ No/ Partially	Findings
		clinical screening for 999 calls to identify potential opportunities to signpost them to alternative services, expansion of Advanced Paramedic Practitioner roles and enhancing falls services.
Plans identify the current and required levels of staffing and resource to achieve the intended ambitions?	**Partially**	The IMTP has clear implications for increasing the workforce in specific service areas. Plans to support these implications are further detailed within the Trust's strategic workforce plan. The IMTP does not clearly identify the costs required to pursue additional schemes, and whether they require additional funding. However, this detailed information is available within the Trust's more detailed financial plans. The Trust does not receive a direct allocation of Six Goals funding in the same way as health boards, although it can access funding via the health boards to contribute to specific health-board schemes. The limited availability of additional funding has led to the Trust needing to slow the pace or defer planned changes to some of its services in recent years. However, in line with other NHS bodies, the Trust received an uplift in its core allocation during 2024-25, which enabled it to progress its clinical model transformation programme.

Source: Audit Wales

Accessing services

20　This section considers whether the Trust has appropriate arrangements in place to encourage and enable people to access urgent and emergency care services that best meet their needs, and whether these arrangements are working. We were specifically looking for evidence of:

- effective signposting of patients to the most appropriate urgent and emergency care services;

- staff having access to good information on the range of services available to patients, and the extent to which there is good engagement between Trust and health board staff involved in urgent and emergency care;

- a range of services that help manage urgency and emergency demand; and

- whether the above arrangements are helping to positively manage demand for urgent and emergency care services.

21　We found that **the Trust's approach to managing demand is improving, but handover delays limit the operational efficiencies gained from improvements, and information on the entire patient journey is not joined up.**

Signposting of services to the public

22　We found that **activity to signpost information to the public is not evaluated to ensure it is effective, and there are ongoing issues with the 111 Wales website.**

Communication plans

23　The Trust does not have a communication plan which sets out how it engages with the public to improve and support their understanding of how to access urgent and emergency care services. However, the Trust has recently updated its Engagement Plan, originally developed in 2023, to support its Clinical Model Transformation Programme which includes information on public messaging. However, the engagement plan is very high-level and does not outline the details of its approach to public engagement.

24　The Trust employs a range of methods to provide members of the public with information on its urgent and emergency care services. These methods include social media posts, news coverage in times of significant pressure, and information contained on the Trust and 111 Wales websites. Through its Public Engagement and Community Involvement Team, the Trust also holds events to engage with the public. According to an internal audit report in February 2025, this team held 147 events between January 2023 and October 2024 where it met with a variety of community groups. As part of these events, the Trust will inform patients which services they should access and when.

111 Wales website

25   The 111 Wales website describes itself as 'the home of health advice and information for people living in Wales' and is a key tool to signpost the public to healthcare options. It includes symptom checkers, information on what to do out of hours, a directory of nearby services and advice on planned care and living well. The number of website hits on the 111 Wales website increased significantly during 2023. Currently an average of 400,000 – 550,000 people access the 111 website each month across Wales.

26   Available data does not show the main reasons people visit the 111 Wales website, but there is data on the main reasons for people calling the 111 phoneline. The top five reasons for calls are set out in **Exhibit 3**.

Exhibit 3: top five reasons for calling 111 (February 2024)

All-Wales position	% of all calls
Dental problems	4.1
Abdominal pain	2.4
Chest pain	1.6
Cough	1.4
Rash	1.0

Source: Ambulance Services Indicators

27   We reviewed the 111 Wales website symptom checker to understand what advice is available to patients searching for help on the most common conditions. We found that the website can be unreliable, with the symptom checker sometimes failing and displaying an error message. Our tests of the symptom checker showed that it can also refer the user to out-of-date information, including the old NHS Direct Wales number (**Recommendation 1**). Furthermore, our review found that the skin rashes tool has limited functionality, consisting of a slideshow of images. The Trust routinely seeks feedback from the public via an online survey to understand their experiences of the 111 Wales website. Past feedback from the public has raised similar issues with the functionality of the symptom checker and the website more generally.

28   The Trust is aware of ongoing issues with the symptom checker and recognises the need for increased investment in the website. While small changes are being made to improve its functionality and user experience, the Trust has also invested in the development of virtual assistant technology during 2024-25, which was ongoing at the time of our fieldwork. To address wider challenges, the Trust has drafted a business case to support more substantial changes to the website,

including updated symptom checker functionality and enhanced governance of the digital front door. The business case will be submitted to commissioners and the national Six Goals Programme Board following discussions with the Welsh Government regarding financial envelopes and commissioner expectations. The business case will also cover 111 communications activity, and as this work progresses, the Trust should ensure it includes mechanisms to evaluate the effectiveness of its public engagement and adapt its approach where needed.

Staff awareness and ability to refer

29   We found that **referral pathways and processes between the Trust and health boards do not work seamlessly, which is impacting access to alternative services.**

Assessment and treatment

30   During the last ten years, the Trust has introduced many initiatives and service changes to enhance its clinical offering with the aim of increasing the treatment of patients within the community and reducing conveyances to hospital. This has included expanding its clinical desk to provide advice to patients over the phone to 999 callers as well as introducing a referral process for patients seeking mental health support to have fast and direct access to relevant health board services (referred to as '111 press 2'). The Trust has also invested in its ability to treat patients face-to-face within the community, enabling them to stay at home, including increasing its advanced paramedic practitioner workforce.

31   The ability of the Trust to treat, provide advice or signpost information to patients to avoid conveyance to hospital is referred to as 'consult and close'[7] and 'see and treat.' **Exhibit 4** sets out the extent to which the ambulance call centre can manage patients after assessment (consult and close), and ambulance crews can manage patients at the scene (see and treat).

[7] Previously referred to as 'hear and treat'.

Exhibit 4: percentage of ambulance calls and responses ended after telephone assessment (May 2023 – April 2024) or at scene (May 2023– April 2024) [8]

Indicator	All-Wales position	Trend
% of ambulance 999 calls ended after telephone assessment (consult and close)	13.9	
% of ambulance responses treated at scene (see and treat)	12.1	

Source: Ambulance Service Indicators

32   The rate of consult and close has increased substantially in recent years, from 8.2% in February 2019 to 14% in February 2024. This increase is mainly due to an increasing investment in recruiting clinicians to operate its Clinical Support Desk, particularly as part of plans to mitigate annual winter pressures.

33   Recent unverified data shows that the number of patients treated or referred to alternative services over the phone is further increasing after the Trust introduced rapid clinical assessments. In 2023, WAST commissioned a clinical model design of the Trust's EMS service by ORH[9]. The work recommended that 999 calls should be reviewed and either referred for a fuller remote clinical assessment or returned to the queue to receive an ambulance dispatch. After receiving an increased core allocation to its base budget in 2024-25 due to inflation, the Trust decided to progress this recommendation and recruited 28 clinical navigators to launch the first phase of its Clinical Model Transformation Programme in November 2024. Unverified data for December 2024 showed the rate increasing from under 15% to over 20%.

34   When a call is ended through consult and close, a patient may have received a range of advice which can include self-care, contacting their GP within normal working hours, or signposting to other available services, (as set out in **Exhibit 5**). Within the Trust, there has been an increase in the range of available services to directly refer to. These include the mental health '111 press 2' service which directs patients to mental health support, as well as the urgent dental service to book urgent appointments. The urgent dental service is available via 111 for five of the seven health boards (excluding Aneurin Bevan and Cardiff and Vale who have their own services).

35   In 2023, the Trust also developed its capability to remotely monitor and manage patients within the community through the Connected Support Cymru service. This

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[8] Data not available beyond April 2024.

[9] ORH, also known as Operational Research in Health Ltd, is a company which conducts research and analysis of emergency services aimed at optimising resource use and response.

service uses the support of volunteer responders, clinical support desk clinicians and remote monitoring technology to manage patients remotely and keep them at home, where appropriate. This service is currently in its early stages, with plans for it to be scaled up over the next few years as outlined within the Trust's IMTP 2024-27. However, this service currently utilises short-term funding from NHS charities together which is due to conclude in March 2025. The future of this service depends on the level of additional investment available.

36   Whilst the rate of patients treated at scene increased during the 12 months between March 2024 and February 2025, the rate has decreased slightly over a longer period. Between March 2019 and February 2020, the rate stood at an average of 2,770 patients treated at scene per month, compared to an average of 2,321 between March 2024 and February 2025.

37   The Trust has been expanding its advanced paramedic practitioner service to avoid hospital conveyance and improve patient outcomes. Advanced paramedic practitioners provide enhanced treatments to patients within their homes or communities. Since the introduction of the advanced paramedic practitioner role in 2017, the number of these roles within the Trust has increased to 119 as of February 2025, with recruitment of a further 11 currently underway. The Trust's IMTP sets out plans to further increase this workforce by 40 per year up to 2027, dependent on availability of funding. Case studies, local evaluations and interviews show that the advanced paramedic practitioner role is making a significant impact in treating patients closer to home. However, this is not currently being demonstrated clearly within 'see and treat' data that is available. The Trust is undertaking work to understand the reasons for this.

38   In addition to advanced paramedic practitioners, the Trust has developed a Cymru High Acuity Response Unit (CHARU) which provides advanced care to the most critically ill patients, including those experiencing cardiac arrest or major trauma. Data presented to the Trust's Finance and Performance Committee in September 2024 shows the service supporting better outcomes for 'red' calls such as cardiac arrests.

39   For urgent needs that are not immediately life-threatening, the Trust is also seeking to develop its own services, including falls responders. The Trust provides two levels of falls response services, with level one focused on lifting patients from the floor. Level two works with health boards to provide greater support to patients following a fall that are experiencing worsening frailty, by undertaking a full medical and social assessment at the point of need.

Referral to other services

40   As well as the availability of its own alternative services, the Trust's ability to refer patients to alternative services depends on the availability of those services within the health board regions. We found each health board has a range of services in place to manage and treat urgent and emergency care needs.

41   **Exhibit 5** sets out the extent to which 111 has been able to refer patients to other urgent and emergency services.

Exhibit 5: referral to other services (March 2023 – February 2024)

Indicator	All-Wales position	Trend
% of 111 calls referred to GP out of hours	41.5	
% of 111 calls advised to attend Emergency Department/Minor Injuries Unit	10.6	
% of 111 calls referred to urgent dental service	9.7	
% of 111 calls referred to 999	6.7	
% of 111 calls advised to contact their GP (in-hours)	4.6	
% of 111 calls referred to another health professional	2.0	

Source: DHCW Urgent and Emergency Care Dashboard, GP Out of Hours Data, Ambulance Services Indicators

42   The data shows that the most common service 111 callers are referred to is the GP out-of-hours service, with this rate increasing between March 2023 and February 2024. This rate aligns to public messaging which signposts patients with urgent out-of-hours needs to contact 111 to access GP out-of-hours services and suggests that public messaging is generally working effectively in this regard. The rate with which 111 call handlers refer patients to contact their own GP in hours (4.6%), indicates that patients could be better informed about which service to access, however, it is also likely to reflect how the public are increasingly struggling to gain appropriate access to in-hours GP appointments due to capacity issues within primary care. The low rate of referrals to other health professionals (2%) also suggests that there are limited alternative services in place for 111 call staff to refer patients with specific conditions to access.

43   Between February 2022 and February 2024, 5.2% of 999 calls were transferred to the 111 service, on the basis that the calls were deemed non-urgent and therefore could be dealt with through alternative services. However, 27.7% of these calls were transferred back to 999 with an outcome of 'ambulance required' This comparatively high rate suggests that while these cases are not sufficiently urgent to warrant a 999 response, options for alternative services were either not in place or not accessible.

44   To facilitate effective referral between the Trust and health boards, there needs to be a sufficient range of appropriate pathways that the Trust staff are aware of and can access. One of the key ambitions of the Clinical Model Transformation Programme is to increase collaboration between the Trust and health boards to

identify potential pathways for patients, and to ensure that Trust clinicians have appropriate access to those pathways, either by streaming patients to health board clinical hubs, or directly to a care pathway via the directory of service.

45 The Trust holds a directory of service for each health board area. Directories of service have been set up to hold accurate and up-to-date information on available alternative pathways that patients can be signposted to by remote clinicians and paramedics. However, our fieldwork found that arrangements for maintaining the directories of service need to be strengthened between the Trust and health boards to ensure they are accurate and up to date, including containing the right opening hours for services (**Recommendation 2**).

46 Where pathways are established, our fieldwork also found that there are issues with ensuring Trust staff can access them. This can be because:

- referral criteria are unclear or too limited;
- pathways do not allow for referrals from Trust staff; or
- the extent of variation in the way in which services operate make them more challenging for Trust staff to access consistently or efficiently.

47 Interviews with a range of staff groups suggested that the inconsistencies in the availability of, and access to, alternative services serve to reinforce Emergency Departments as the default destination for ambulance conveyances.

48 In line with the ambitions of the Six Goals Programme, some health boards have established Urgent Primary Care Centres (UPCCs). The principle of UPCCs is to provide diagnosis and treatment to patients with urgent but non-life-threatening injuries or illnesses. However, the UPCC models developed in response to the Six Goals Programme vary within and between health boards. The Trust has been piloting booking patients directly into UPCCs from the 111 service, but this is limited to a small number of appointments and for very specific conditions. This stops Trust staff from using UPCCs to their full potential to manage urgent demand in the way they are intended.

49 Another key ambition of the Six Goals Programme was for health boards to establish Same Day Emergency Centre(s) (SDECs) to provide same day assessments and treatment without the patient needing to be admitted into hospital overnight. We have found that the SDEC models developed in response to the Six Goals Programme also vary across health boards. This variation results in a lack of clarity for Trust staff as to the referral criteria in place and the pathways they should use to access SDECs.

50 In response to this issue, the Welsh Government issued an all-Wales policy on direct paramedic referral to same day emergency care in April 2022. The policy clarifies the different expectations of Trust and health board staff to support effective referrals into SDECs. However, despite the policy stating that it is 'essential for the Welsh urgent and emergency care system that direct paramedic referral into SDEC/Ambulatory services is implemented', Trust data shows that,

between May 2023 and February 2025, on average, only 0.13% of patients conveyed were taken to a health board SDEC each month.

51   We heard varying reasons for this low rate of referral during our fieldwork. This included technical issues but, more prominently, because SDEC units tend to become full within minutes of opening due to broader pressures on Emergency Departments. They then remain full until it becomes too late to accept any new referrals before the units close.

Impact of services to help manage demand

52   We found that **recent work to reduce conveyance to Emergency Departments is outweighed by unacceptably long handover delays across Wales**.

Ambulance response times

53   Data shows that demand on the Trust's services, particularly in relation to red calls, has increased, placing additional strain on its ability to provide a timely service. Red calls across Wales increased by 178% between February 2019 and February 2025, with an average of 5,367 red calls per month between March 2024 and February 2025 (an average of 179 calls per day). This is in part due to the need to increase the number of conditions within the red categorisation to ensure they receive a timelier response. Whilst the number of amber calls has declined slightly since the pandemic, they continue to account for most of the 999 calls, with an average of 24,412 calls per month between March 2024 and February 2025 (an average of 814 calls per day).

54   The average percentage of red calls responded to within eight minutes between March 2024 and February 2025 was 48.6% and significantly below the target of 65%. However, during those 12 months, performance has improved with the Trust reaching a greater number of patients within eight minutes. For example, in December 2024 and January 2025 the Trust reached 33% and 22% more patients than its average two-year rate. Following the recent announcement by the Cabinet Secretary for Health and Social Care, there will be changes to monitoring performance, with the creation of two separate metrics: one for cardiac and respiratory arrest; and another for other red emergency calls. These changes will take effect from 1 July 2025[10].

55   In contrast to red calls, responses to amber calls have become significantly poorer in recent years. On average, the response time to amber calls between March 2024 and February 2025 was 1 hour 50 minutes, rising to 9 hours 58 minutes for the patients who waited the longest (95th percentile). This performance fluctuated during those 12 months, with significant deterioration during December 2024 and

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[10] On 11 March 2025, the Cabinet Secretary for Health and Social Care announced changes to the performance framework for ambulance services effective from 1 July 2025.

January 2025 due to winter pressures. Average response times for those months were 3 hours, 1 minute and 2 hours, 29 minutes respectively.

56   Call handlers provide patients with their estimated response time during their call. As a result, since 2022 a significant proportion of 999 callers have called back to cancel their place in the queue for an ambulance response ('cancelled calls'). There have also been circumstances where call handlers have been required to inform patients that they were unable to dispatch an ambulance response to them due to operational pressures at that time ('no send/can't send'). Concerningly, there is no method to capture what happens to these patients to find out if they decided to make their own way to the Emergency Department, found alternative services for their needs or simply decided not to receive treatment.

57   The Trust routinely captures and reports data on the number of cancelled calls or calls that received a 'no send/can't send' response. In September 2024, this cohort accounted for 9,440 calls or 21% of patients who dialled 999 that month. Further work by the Trust has established that up to 20% of all cancellations come from patients presenting with chest pain or falls, conditions that can result in significant patient harm. The Trust Board has heard directly about the impact this can have on patients, including a patient story during 2023, where a patient suffered a cardiac arrest within the hospital car park after being driven to hospital by a family member due to lack of ambulance availability.

58   As part of the Clinical Model Transformation Programme, the Trust took the decision in November 2024 to stop providing a 'no send/can't send' response, relying on the impact of its new changes such as rapid clinical screening to better manage demand. This means that the Trust takes greater responsibility for the patient and patient risk. This appears to be starting to have a positive impact, as data from February 2025 shows that the numbers of cancelled ambulances had reduced to 5,815, accounting for 15% of the total calls for that month.

Conveyance to hospital

59   After the ambulance has been dispatched and it is decided that the patient needs hospital assessment and treatment, they will be conveyed. Whilst the conveyance rate to hospital by the ambulance service was substantially impacted during the pandemic, data since 2023 shows a steadily decreasing conveyance rate when compared with pre-pandemic levels, with rates dropping from 68% (19,022 patients) in February 2019 to 63% (11,705 patients) in February 2025.

60   Data that shows where patients are conveyed to indicates further opportunities to increase conveyance to destinations other than the Emergency Department. **Exhibit 6** sets out the destination for all conveyances.

Exhibit 6: conveyance destination as a proportion of total conveyance (March 2024 – February 2025)

Indicator	All-Wales position	Trend
% of patients conveyed to major emergency departments	88.7	
% of patients conveyed to minor injuries units	6.4	
% of patients conveyed to major acute medical admissions unit	3.1	
% of patients conveyed to other unit eg mental health or maternity unit	1.8	

Source: Ambulance Services Indicators

61   The overwhelming majority of conveyance continues to be to Emergency Departments. This is likely to be the most appropriate destination for many calls, which, are by their nature, urgent and/or life-threatening. However, our interviews with ambulance and health board staff suggest that barriers exist which inhibit ambulance crews from conveying patients to settings which may be more appropriate for their needs.

62   For example, conveyance rates to minor injuries units are consistently low. Part of the reason for this is that there is significant variation in opening hours and criteria for accepting referrals to the minor injuries units operating within and between health boards. As a result, those we interviewed stated that paramedics will tend to rely on Emergency Department conveyance. This reduces the risk that the patient will not be accepted by the minor injuries unit, which results in poor patient experience and inefficiencies in having to undertake additional transportation to the Emergency Department.

63   We also heard that some alternatives to the Emergency Department, such as direct referral to units within specialties can be reluctant to accept referrals from paramedics. This is due to the types of observations and tests paramedics can complete. These services would prefer for patients to be routed through the Emergency Department first.

64   However, data on conveyance to hospital following 999 calls from a care home is showing some signs of improvement. This rate decreased from a high of 64.8% in November 2023 to a low of 58.7% in September 2024. This suggests that some of the work the Trust is doing to support care homes, including by supplying lifting equipment or providing enhanced falls response services, is resulting in lower rates of conveyance to hospital.

Ambulance handovers

65 Data shows that ambulance handover delays continue to be at unacceptable levels. Only 16% of patients were handed over from ambulance crews to an Emergency Department within 15 minutes of arrival between March 2024 and February 2025, against a national target of 100%. This compares to 56% between March 2018 and February 2019. Under half (43.9%) of the patients conveyed to an Emergency Department were handed over within an hour during February 2025. The average time for patient handover in December 2024 was 2 hours, 12 minutes. In England, the average handover delay for December 2024 was 39 minutes.

66 These high levels of handover delay result in extremely high numbers of 'lost hours' where a paramedic crew is unable to respond to other calls within the community, with lost hours routinely over 20,000 a month during 2024. This roughly equates to between one quarter or one third of the available capacity of the ambulance service each month. Comparing lost hours for February 2025 with those in February 2019 shows a 235% increase. The lost hours in February 2025 equate to 1,597 12-hour paramedic shifts.

67 Research commissioned by the Association of Ambulance Chief Executives (AACE) states that patients experiencing delays of over one hour are much more likely to experience avoidable harm because of the delay they face. Using the modelling developed as part of that research, the Trust has estimated that 463 patients (3.5% of conveyed patients) came to severe harm because of long handover delays in February 2025.

68 Despite the Trust's increasing activity to avoid hospital conveyance by remote treatment, either over the phone or in person, data shows that there remains a significant amount of work to do to improve handover performance. Lack of available ambulances will also lead to higher attendance rates at emergency departments across Wales, as patients make their own way to hospital. Some of these patients may not have needed to go to the emergency department, but opportunities for paramedics to treat patients remotely (See and Treat) earlier in their patient journey are being missed due to handover delays.

69 Problems associated with handover delays are widely recognised. In March 2025, the Cabinet Secretary for Health and Social Services announced the establishment of a patient handover improvement delivery group. This group is intended to identify and oversee action aimed at improving ambulance patient handover performance, learning from UK-wide and international best practice. An update on the progress of this group's work is anticipated in July 2025.

Scrutiny and monitoring arrangements

70   This section considers whether the Trust is doing enough to monitor the performance of its urgent and emergency care services, and applying lessons learnt to improve services further. We were specifically looking for evidence of:

- arrangements for monitoring the impact of alternative clinical pathways; and
- effective oversight and scrutiny of the delivery of plans for urgent and emergency care.

71   We found that **there is good oversight of performance and plan progress relating to urgent and emergency care demand which is informed by staff and patient feedback but is limited by lack of joined-up data**.

Monitoring impact

72   We found that **monitoring of plans is informed by regular staff and patient feedback, but without joined-up data, the Trust cannot monitor the effectiveness of referral pathways with certainty**.

73   The findings that have led us to this conclusion are summarised in **Exhibit 7**.

Exhibit 7: approach to monitoring the impact of alternative pathways on urgent and emergency care services

Audit question	Yes/ No/ Partially	Findings
Is the Trust tracking and reporting data to show whether patients are accessing urgent and emergency care services appropriately?	**Partially**	The Trust routinely tracks relevant data on demand, rates of signposting and referral to alternative services (consult and close) and rates of conveyance to hospital units, including Emergency Departments. However, Trust and health board information systems are not currently linked up to enable the tracking of an entire patient journey ie to confirm whether patients followed advice they have received.
Is regular patient feedback being	**Yes**	The Trust captures patient feedback through regular CIVICA experience surveys[11]. There are

[11] Civica Experience is a software which helps healthcare professionals collect and analyse data to turn patient feedback comments into insights.

Audit question	Yes/ No/ Partially	Findings
sought and used to inform and improve plans?		surveys in place for 999, 111 and the Trust's falls service. These surveys capture patient responses to questions including their overall rating of the experience for the service they received, as well as more specific questions, such as whether patients intend to follow the advice they found on the 111 Wales website. The Trust recognises that response rates to these surveys are low, with 371 responses across each of those listed above between April and September 2024, and it continues to explore options to increase participation. Supporting appendices of the Trust's IMTP summarise patient feedback and concerns relating to services, including 111 and 999 services and links them to specific actions within the plan which aim to address those concerns and improve patient experience.
Is there regular staff feedback on the impact of changes to services and pilots to identify and apply lessons?	Yes	The Trust shows a commitment to hearing from staff, including via monthly WAST Live virtual staff meetings, surveys and bi-annual Chief Executive Officer roadshows held in ambulance stations and offices across Wales. Furthermore, the Trust involves trade union representatives in key working groups and each board committee, as well as through the Welsh Ambulance Service Partnership Team. These mechanisms provide a staff perspective during decision making. In January 2025, the Trust surveyed staff involved in delivering the Clinical Model Transformation Programme and the associated new initiatives. The survey asked staff for their views on the way in which changes have been implemented. The response rate was low at 17% (30 responses) and whilst overall scores were mostly positive, comments included concerns about the pressure caused by the pace and scale of the programme, as well as a need for more regular and meaningful staff engagement. The Trust is currently developing actions to respond to these concerns.

Audit question	Yes/ No/ Partially	Findings
		Staff feedback and related actions to address areas of concern are also included within an appendix of the Trust's IMTP.

Source: Audit Wales

Oversight and scrutiny

74   We found that **there is regular operational and strategic oversight and scrutiny of the performance and the delivery of plans**.

75   The findings that have led us to this conclusion are summarised in **Exhibit 8**.

Exhibit 8: approach to oversight and scrutiny of urgent and emergency care services

Audit question	Yes/ No/ Partially	Findings
Is there effective oversight of urgent and emergency care performance operationally, including scrutiny and assurance on the effectiveness of plans and actions being taken to better meet demand?	Yes	The Trust provides operational oversight and scrutiny of its actions to improve demand management through its Clinical Transformation Board, and supporting workstreams, as well as its Integrated Strategic Planning and Development Group. These groups are supported by strong arrangements, including appropriate membership and regular frequency. The Trust continues to oversee and manage performance in line with its Quality and Performance Management Framework 2022-25. Operational performance is scrutinised at detailed levels by various operational, quality and planning subgroups before being collated and submitted for oversight and challenge by the Executive Leadership Team.
Is there effective oversight of urgent	Yes	Performance information on the Trust's urgent and emergency care services is regularly

Audit question	Yes/ No/ Partially	Findings
and emergency care performance at the committee and board level, including scrutiny and assurance on the effectiveness of plans and actions being taken to better meet demand?		reported to the Performance and Finance Committee; the Quality, Experience and Patient Safety Committee; and the Board. In 2024, the Trust developed a patient harm mitigation scorecard. This provides a collective set of metrics to indicate the levels of harm that may be occurring as a result of system pressures. However, again this information is limited due to the absence of joined-up information between the Trust and its commissioning health boards. As a result, the scorecard only indicates estimated levels of harm based on the AACE model. The Finance and Performance Committee and the Board are also responsible for overseeing the progress of the Trust's Integrated Medium-Term Plan.

Source: Audit Wales

Appendix 1

Audit methods

Exhibit 9 sets out the audit methods we used to deliver this work. Our evidence is limited to the information drawn from the methods below.

Exhibit 9: audit methods

All audit work has been delivered in accordance with the International Organisation of Supreme Audit Institutions (INTOSAI) audit standards.

Element of audit approach	Description
Documents	We reviewed a range of documents, including: • Integrated Medium Term Plan and appendices; • Corporate Risk Register and Board Assurance Framework; • Internal Audits; • Winter Plan; and • Clinical Model Transformation Stakeholder briefing document, September 2024.
Interviews	We interviewed the following: • Executive Director of Operations; • Executive Director of Paramedicine; • Executive Director of Strategic Planning and Performance; • Director of Partnerships and Engagement; and • Assistant Director, Commissioning and Performance.
Group discussions	We held group discussions with the following: • Advanced Paramedic Practitioners.
Observations	We observed the following meeting(s): • Finance and Performance Committee; and • Board.
Data analysis	We analysed data relating to urgent and emergency care services, using the following sources: • Ambulance Services Indicators;

Element of audit approach	Description
	• Data provided from the Trust, including rates of consult and close and SDEC referrals; • DHCW Urgent and Emergency Care Dashboard; • StatsWales; and • Data provided by the Welsh Government in relation to GP out-of-hours services.
Website and practice reviews	We reviewed the Trust's website and social media accounts relating to the provision of information to the public on accessing urgent and emergency care services.

Appendix 2

Audit criteria

Exhibit 10 sets out the audit criteria that we used to deliver this work.

Exhibit 10: audit criteria

Audit questions	Audit criteria
Does the Trust have robust plans in place to manage the demand for urgent and emergency care services?	

Do plans seek to improve the management of demand through changes to service delivery in line with the six goals for Urgent and Emergency care?	• Strategies and/or plans relating to urgent and emergency care:
	  – are based and grounded in rich and up-to-date information, informed by urgent and emergency care demand data (past and future), including peaks in activity at certain times/days and months, demographics, and conditions of patients;
	  – identify and seek to address key risks associated with demand for urgent and emergency care services;
	  – align with the plans of partner Health Boards;
	  – align with the requirements of the Welsh Government Six Goals for Urgent and Emergency Care for better managing demand; and
	  – include documented information on alternative clinical pathways, including how and when they should be accessed.

Do plans identify the current and required	• Strategies and/or plans detail the:

Audit questions	Audit criteria
levels of resource and staffing to achieve the ambitions?	– resource requirements and identified funding to support any changes to service delivery included within the strategy/plan. – workforce and skills required to meet demand, including for changes in models of delivery such as winter peaks. The plan is clear about the required resources of clinical and non-clinical skills/staff.
Are arrangements in place to encourage and enable people to access the right care, in the right place, at the first time, and are these working?	
Is the Trust effectively signposting urgent and emergency care services to the public, so they know how to access services appropriately?	• The Trust provides clear information on available services and alternatives to emergency departments to the public through various avenues – websites, call handlers, posters/leaflets, advertisements, social media, videos etc. • Strategies and/or plans on public communication align to requirements of goals 2 and 3 of the Welsh Government's Six Goals for Urgent and Emergency Care (right care, right place, first time). • There is evidence to suggest patients have a good understanding of how to access urgent and emergency care services that are appropriate to their needs.
Do staff have good knowledge of, and access to, information regarding the range of other services available to their patients and at what times they are available?	• There is engagement between the Trust and health boards about alternative pathways in place and the future of urgent and emergency care services. Information on these pathways and services is accessible for staff. • Staff can refer directly/divert patients to more appropriate settings for their needs, including Minor Injury Departments, Urgent Primary Care Centres (UPCCs) and Same Day Emergency Centres (SDECs).
Is there evidence that changes to service delivery are resulting in	• Referrals into new service models are in line with the ambitions of the six goals for urgent and emergency care policy handbook. • WAST can refer at least 4% of cases to SDEC.

Audit questions	Audit criteria
better demand management?	- Data indicates that there are increasing rates of See and Treat and Hear and Treat. - Calls to 111 are answered quickly and abandonment rates are low. - Emergency ambulance response times, ambulance handover delays and waits within Emergency Departments and Minor Injury Units are improving. - Data indicates that there are fewer amber calls requiring an upgrade to red due to lengthy response times. - Data shows decreasing volumes of patients with low acuity/minor complaints presenting at Emergency Departments. - Data indicates that calls diverted between 999 and 111/NHS Direct Wales are appropriate with low levels of calls diverted back and low numbers of re-contact rates.
Is the Trust doing enough to monitor the performance of its urgent and emergency care services and apply lessons learnt to improve the services further?	
Is the Trust monitoring the effectiveness of alternative clinical pathways, including by seeking feedback from staff and service users?	- The Trust tracks and reports data to show whether patients are accessing urgent and emergency care services appropriately. - The Trust can evidence that it seeks patient feedback regularly and uses it to inform and improve plans. - Regular feedback is sought from various staff on the impact of changes to services and pilots to identify and apply lessons.
Is there effective scrutiny and assurance in relation to delivering plans for urgent and emergency care and alternative clinical pathways?	- There is effective oversight of urgent and emergency care performance operationally and at the committee and board level. This includes scrutiny and assurance on the effectiveness of the plans and actions being taken to better meet demand. Oversight and scrutiny are informed by comparative benchmarking and learning from other bodies where appropriate. - There are arrangements in place for monitoring and oversight of economy, efficiency, and effectiveness of project investment from the Welsh Government. This includes establishing value for money and what difference the project has made.

Appendix 3

Management response to audit recommendations

Exhibit 11 sets out the Trust's management response to the recommendations made because of this audit.

Exhibit 11: management response

Recommendation	Management response	Completion date	Responsible officer
Accuracy of 111 Wales website R1 To ensure information used to signpost patients to urgent and emergency services is accurate, the Trust should work with partners to review and replace any out-of-date or misleading information on the 111 Wales website, for example, the NHS Direct Wales phone number **(Paragraph 28)**.	The Trust accepts this recommendation. While WAST is not directly commissioned to manage the 111 Wales website, we fully support the need for accurate content to signpost patients safely. We routinely raise concerns, such as outdated references to NHS Direct Wales and will strengthen this by formally escalating issues through an agreed assurance route with Digital Health and Care Wales. A business case has been drafted to propose a new governance model with dedicated resources for oversight and content management to improve accuracy and ownership. Discussions with the Welsh Government are ongoing regarding financial envelopes and commissioner expectations, which are prerequisites to formal submission.	May 2026	Director of Digital Services

Recommendation	Management response	Completion date	Responsible officer
	Website content accuracy will be a standing item at the monthly 111 Wales digital governance group. Over the next 12 months, issues will be actively monitored, and formal escalations logged to demonstrate progress and provide evidence of action taken.		
Directories of Service R2 To ensure the Trust has access to accurate and up-to-date information on health board services, it should work with health boards to identify leads for maintaining the directories **(Paragraph 46)**.	The Trust accepts this recommendation. We agree on the need for accurate and up-to-date service information. While WAST does not control the content provided by health boards, we maintain mechanisms to receive and manage this data. The recommendation is therefore best addressed through strengthened collaboration with health boards, who remain responsible for the accuracy of their service information. A business case has been drafted to improve Directory of Services (DoS) governance and support. Discussions with the Welsh Government are ongoing regarding financial envelopes and commissioner expectations, which are prerequisites to formal submission. WAST will continue to update any content we own/publish into to the DOS and will escalate outdated information to relevant health boards. This	May 2026	Director of Digital Services

Recommendation	Management response	Completion date	Responsible officer
	will be monitored over 12 months, with escalations logged as evidence of action.		

Source: Audit Wales

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We welcome correspondence and telephone calls in Welsh and English. Rydym yn croesawu gohebiaeth a galwadau ffôn yn Gymraeg a Saesneg.